



Express Mail No. EV449562767US

**TRANSMITTAL  
FORM**(To be used for all correspondence  
after initial filing)

Application Number	09/444,281
Filing Date	November 19, 1999
First Named Inventor	Jan Burian
Art Unit	1653
Examiner Name	SCHNIZER, Holly G.
Attorney Docket No.	660081.411

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> CD(s), Number of CD(s) _____
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/> After Allowance Communication to Technology Center (TC)
<input checked="" type="checkbox"/> Amendment/Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC ( <i>Appeal Notice, Brief, Reply Brief</i> )
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Declaration	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement; Form PTO-1449	<input type="checkbox"/> Statement under 37 CFR 3.73(b)	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Cited References	<input type="checkbox"/> Terminal Disclaimer	_____
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	_____
<input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53		_____
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		_____

Remarks

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Individual Name	Mae Joanne Rosok Reg. No. 48,903	Customer Number <b>00500</b>
Signature	<i>Mae Joanne Rosok</i>	
Date	<i>August 13, 2004</i>	

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Via Express Mail	
Signature		Date:

507498



Express Mail No. EV449562767US

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Jan Burian and Daniel Bartfeld  
Application No. : 09/444,281  
Filed : November 19, 1999  
For : *EFFICIENT METHODS FOR PRODUCING ANTIMICROBIAL  
CATIONIC PEPTIDES IN HOST CELLS*

Examiner : SCHNIZER, Holly G.  
Art Unit : 1653  
Docket No. : 660081.411  
Date : August 13, 2004

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

AMENDMENT

Commissioner for Patents:

In response to the Office Action dated May 14, 2004, please amend the application as follows.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks** begin on page 7 of this paper.